

improve care at the end of life—for veterans and for all Americans. As ranking member of the Committee on Veterans' Affairs, I am enormously proud of VA's efforts in pain management and end-of-life care. I suspect, however, that many of my colleagues are unaware of VA's good work in this area.

We simply must recognize the lack of services and resources for people who are suffering with pain, especially those who need long-term institutional care and other alternatives, such as hospice or home health for chronic conditions. The health care and related needs of Americans are very diverse. We must target problems and address them with creativity, with a variety of resources that can help different groups in different ways. Taking a look at the VA's success in this area is a good place to start fixing the problem.

I therefore ask unanimous consent that a press release on VA's pain management initiatives and a Washington Post article on VA's success in this area be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

#### VA INITIATES PAIN MANAGEMENT PROGRAM

Pain is one of the most common reasons people consult a physician, according to the American Academy of Pain Medicine and the American Pain Society. In fact, it is the primary symptom in more than 80 percent of all doctor visits and affects more than 50 million people. In January 1999, the Department of Veterans Affairs (VA) took the lead in pain management by launching a nationwide effort to reduce pain and suffering for the 3.4 million veterans who use VA health care facilities.

#### VA AND PAIN MANAGEMENT

VA believes that no patient should suffer preventable pain. Doctors and nurses throughout VA's 1,200 sites of medical care are required to treat pain as a "fifth vital sign," meaning they should assess and record patients' pain just as they note the other four health-care basics—blood pressure, pulse, temperature and breathing rate. They ask patients to rate their pain on a scale of zero to 10, then consult with the patients about ways to deal with it.

"It changed how VA approached pain," said Dr. Jane Tollett, national coordinator of VA pain management strategy. "We're too often obsessed with finding out what's going on at the molecular, cellular and pharmacological levels as opposed to asking: Is the person feeling better?" Measuring pain as a vital sign was part of the first step in the following comprehensive strategy to make pain management a routine part of veterans' care.

Pain Assessment and Treatment: Procedures for early recognition of pain and prompt effective treatment began at all VA medical facilities. Pain management protocols were set up, including ready access to resources such as pain specialist and multidisciplinary pain clinics. VA updated its Computerized Patient Record System (CPRS) to document a patient's pain history. Patient and family education about pain management was included in patient treatment plans.

Evaluation of Outcomes and Quality of Pain Management: VA began to systematically measure outcomes and quality of pain management, including patient satisfaction measures. Across the nation, VA set up quarterly data collection to evaluate: Was the pa-

tient assessed for pain using a 0-10 scale? Was there intervention if pain was reported as 4 or more? Was there a plan for pain care? Was the intervention evaluated for effectiveness?

Research: VA expanded research on management of acute and chronic pain, emphasizing conditions that are most prevalent among veterans. Currently, there are nine pain research projects funded by VA. Research funded by the Health Services Research and Development Service focuses on identifying research priorities, providing scientific evidence for pain management protocols throughout VA and evaluating and monitoring the quality of care.

#### EDUCATION OF HEALTH CARE PROFESSIONALS

VA is assuring that clinical staff, such as physicians and nurses, have orientation and education on pain assessment and pain management. In collaboration with the Department of Defense and the community, VA is developing clinical guidelines for pain associated with surgery, cancer and chronic conditions.

Additionally, VA initiated an extensive education program for health care providers that includes orientation for new employees and professional trainees, four internet sessions on "pharmacotherapy of acute and chronic pain," satellite broadcasts and interactive sessions with VA health care facilities, guest lectures on topics like pain assessment and treatment of the demented, purchase and distribution of pain management videos, and a Web site "vawww.mst.lrn.va.gov/nmintranet/pain."

VA also focuses on pain management education for medical students and health care professional trainees through VA's affiliations with academic institutions. Among recent milestones:

The Robert Wood Johnson Foundation last year awarded VA a grant of \$985,595 to help train physicians in end-of-life care, including pain management.

The VA Office of Academic Affiliations recently awarded additional funding to nine VA medical facilities to support graduate education residences in anesthesiology pain management, including VA medical centers in Milwaukee, Wis.; Durham, N.C.; and Loma Linda, Calif. and the health care systems in North Texas, New Mexico, Puget Sound (Wash.), Palo Alto (Calif.), and North Florida-South Georgia.

#### NATIONAL PAIN MANAGEMENT STRATEGY

The complexity of chronic pain management is often beyond the expertise of a single practitioner, especially for veterans whose pain problems are complicated by such things as homelessness, post traumatic stress disorder and combat injuries. Additionally, pain management has been made an integral part of palliative and end-of-life care. The effective management of pain for all veterans cared for by VA requires a nationwide coordinated approach. To accomplish this, VA formed a team made up of representatives from an array of disciplines—anesthesiology, nursing, psychiatry, surgery, oncology, pharmacology, gerontology and neurology.

Funded by an unrestricted educational grant, VA is producing a Web-based physician education program aimed at end-of-life issues and an online forum for VA pain management in which more than 200 clinicians actively participate.

In December 2000, a pain management and end-of-life conference is scheduled to showcase innovation and effective practices within VA, address specialized topics with expert faculty and solve systematic problems that cause barriers to improving pain management care. Additionally, VA will set up programs to support clinicians in settings that

are remote from pain experts, centers or clinics.

"Untreated or undertreated pain takes its toll not just in monetary loss but also in the psychosocial and physical cost to patients and their families. Pain can exacerbate feelings of distress, anxiety and depression. . . . When severe pain goes untreated and/or depression is present, some people may consider or attempt suicide. The message is clear: all those in pain have the right to systematic assessment and ongoing management of pain by health care professionals."—(The Journal of Care Management, November 1999)

#### ADDITIONAL STATEMENTS

#### IN MEMORIAM OF THE MEN AND WOMEN OF THE 14TH QUARTERMASTER DETACHMENT WHO LOST THEIR LIVES IN OPERATION DESERT STORM

• Mr. SANTORUM. Mr. President, I stand before you today to honor the tenth anniversary of a terrible tragedy that faced the men and women who serve in the United States Armed Forces. I speak about an attack carried out by Saddam Hussein that took the lives of brave men and women from the Commonwealth of Pennsylvania who were proudly serving their country as members of our armed services. We are indebted to those who made the ultimate sacrifice for our country during that conflict, and they will remain in our hearts and memories forever.

The 14th Quartermaster Detachment of Greensburg, PA, was mobilized and ordered to active duty on January 15, 1991 in support of the Persian Gulf crisis. On February 25, 1991, only days after the Desert Storm conflict began, the 14th Quartermaster Detachment suffered the greatest number of casualties of any allied unit during Operation Desert Storm. An Iraqi Scud missile destroyed the building where the unit was being housed, killing 28 soldiers and wounding 99. Of those casualties, 13 members of the 14th were killed and 43 were wounded. Desert Storm ended only hours after this tragedy.

To recognize the supreme sacrifice that these men and women undertook for our great nation, Major General Rodney D. Ruddock, Commander, 99th Regional Support Command, will hold an anniversary ceremony on February 25, 2001 to honor the 14th Quartermaster Detachment of Greensburg, PA. During this solemn event, we will honor, not only the men and women who lost their lives 10 years ago, but all the men and women who serve in the Armed Forces and selflessly put their lives on the line every day in order to preserve our nation's freedom. We, as Americans, will remain eternally grateful for the sacrifices and true courage that our men and women in uniform display on our behalf in serving this great nation.

It is at this time that I ask my Senate colleagues to join with me in honoring the members of the 14th Quartermaster Detachment.●